

# **EXHIBIT 2**

Personal Information

Personal Information

**IMPORTANT NOTE:** If any of the items on this page are incorrect, please notify your Manager immediately. Failure to report incorrect personal information could delay your pay check or deposits.

**Name:** Bryan Keith Goree

**SSN:** [REDACTED]

**IMPORTANT NOTE:** If any of the items below incorrect or missing, please make the appropriate changes NOW. Failure to report incorrect personal information could delay your pay check or deposits.

Date of Birth .....  
Address 1 .....  
Address 2 .....  
Country .....  
State .....  
City .....  
Zip Code .....  
Primary Phone # .....  
Marital Status  
For Benefits Purposes only

[REDACTED]  
[REDACTED]  
United States  
Illinois  
Chicago  
60621  
[REDACTED]  
Widowed

Payroll Election

Pay Card Election

Bryan, You have the option to be paid by direct deposit through your bank or by a paycard issued by ADP.

Please select how you would like to be paid below

Payroll Option .....

Pay Card

Emergency Contacts

Emergency Contacts

Emergency Contact 1

First Name .....  
Last Name .....  
Relationship .....  
Same Address as Employee? .....  
Primary Phone .....  
Numbers Only: No dashes or spaces.  
Secondary Phone .....  
Numbers Only: No dashes or spaces.

Tyeisha  
Goree  
Daughter

Policy Acknowledgements

For each Capstone Logistics policy listed below, please click the link to [READ / DOWNLOAD OR PRINT](#) the document, then check the box to acknowledge that you have read it.

Employment-At-Will and Arbitration Agreement

[Read/download/Print Agreement](#)

Yes

Loss Prevention Acknowledgment

[Read/Download/print Agreement](#)

Yes

Capstone Associate Handbook Acknowledgement

ASSOCIATE HANDBOOK ACKNOWLEDGMENT AND STATEMENT OF RECEIPT

I, Bryan Goree acknowledge that I have received, have access to a printed copy, or have been provided access to an electronic copy of the California Warehouse Associate Handbook that outlines the policies, procedures, benefits and Associates' responsibilities at Capstone Logistics.

I acknowledge that I have or will read the provisions contained in this Handbook and will familiarize myself with this information. If I am unclear about any of the content included in this handbook, it is my responsibility to request clarification from my manager.

I understand that I may be required to take one or more drug screening tests as a condition of hiring or continued employment. I consent to take such test(s) when designated by Capstone, its parent, its subsidiaries or affiliates and to release Capstone, its directors, officers, agents or Associates from any claims arising from such test(s).

I understand that the information in this handbook is subject to change as situations warrant. The handbook is not all-inclusive, and is only a set of guidelines. I understand the handbook may supersede, modify, or eliminate any previous handbook or unwritten policies and Capstone can change the handbook unilaterally, at any time.

Neither this booklet nor other benefits constitute a contract since either party has the right to terminate this employment-at-will at any time, for any reason or for no reason.

Click either English or Spanish below to view or download an electronic copy of the Associate Handbook.

[ASSOCIATE HANDBOOK \(English\)](#)

Please check the box to acknowledgement that you have received the Handbook

Yes

Job Description

[Click here to save or print a copy of your job description.](#)

**Acknowledgement**

I have read this job description (or had it read to me) and I completely understand all my job duties and responsibilities. I am able to perform the essential functions as outlined with or without reasonable accommodation. I understand that my job may change on a temporary or regular basis according to the needs of my location or department without it being specifically included in the job description.

If I have any questions about job duties not specified on this description that I am asked to perform, I should discuss them with my immediate supervisor or a member of the HR staff.

I further understand that future performance evaluations are based on my ability to perform the duties and responsibilities outlined in this job description to the satisfaction of my immediate supervisor.

I have discussed any questions I may have had about this job description prior to signing this form

To the above

Yes

Confirm and Submit

**ELECTRONIC SIGNATURE: Please type your name as it is listed in the document above:**

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I authorize past employers, schools, persons and organizations having relevant information or knowledge to release to the Company for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, the Company will make available to me the nature and scope of all reports of every type obtained.

I authorize my Electronic Signature

Bryan Goree  
Accepted